

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7519

State File No.

0042
D

FILED APR 14 1950

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - So. Fork Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ANDRAIN CO., HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>STAR RT., PARIS</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>FLORENCE</u>		b. (Middle) <u>SHARP</u>		c. (Last) <u>WEAVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6, 1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 23, 1895</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>JACOB SHARP</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH WEAVER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Weaver,</u>	
				ADDRESS <u>PARIS, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease with Hemiplegia (Left side)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>N.K.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>443X</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 4-5-50, to 4-6-50, that I last saw the deceased alive on 4-5-50, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Barnett</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>4-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANTA FE CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>SANTA FE, MO.</u>	

DATE REC'D BY LOCAL REG. <u>April 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		5. EMERALD DIRECTOR'S SIGNATURE <u>Speed & Blaney</u>	
				ADDRESS <u>PARIS, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 10 1950

District Health Officer No. 10

District File Number 1-50-61

Date Filed APR 10 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

A. B. Blakey

Signed _____
Student Embalmer

Licensed Embalmer No. 2614

P. O. Address _____
Paris, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.